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Predictors of Referral to the North Carolina Child Service Coordination Program Among Infants with Orofacial Clefts

by

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ABSTRACT

Objectives: North Carolina has several programs that identify and refer high-risk women and children to needed services, including the Baby Love Program, which provides maternity care coordination (MCC) services, and the Child Service Coordination Program (CSCP) for children at risk for or diagnosed with special needs. This study determines the referral rates to the CSCP among infants with orofacial clefts and predictors of CSCP referral. We hypothesized that receiving Medicaid and MCC services increases the likelihood of referral to the CSCP among infants with orofacial clefts.

Methods: For 1999-2002, data were matched from the North Carolina birth certificates, the Health Services Information System, and the North Carolina Birth Defects Monitoring Program. Multivariate analysis was used to determine crude and adjusted odds ratios for selected sociodemographic variables to predict referral to the CSCP.

Results: Among a total of 644 mothers of infants with orofacial clefts, 44.7 percent were referred to the CSCP. Infants of mothers who were 30 years of age or older and mothers who had more than a high school education were significantly less likely to be referred to the CSCP. After adjusting for all covariates, the odds of infants with orofacial clefts being referred to the CSCP was 2.3 (95 percent confidence interval: 1.4, 3.8) for infants whose mothers received Medicaid and MCC services compared to infants whose mothers did not receive Medicaid.

Conclusions: Receiving Medicaid and MCC services were positively associated with referral to the CSCP among infants with orofacial clefts. Future studies should examine the effects of the duration of MCC services on CSCP referral and factors related to the timeliness of CSCP referral.

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